

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 7-875)**

**SERIAL NO**

09/1  
APPLICANT(S)

FILING DATE

**BEST AVAILABLE COPY**

**BEST AVAILABLE COPY**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

PTO-1360 (3-78)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						